

The Registry Review

The newsletter of the
SC Central Cancer Registry

FALL

2006

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Statewide Cancer Registry Training

The SCCCR has purchased the North American Association of Central Cancer Registries (NAACCR) Webinar Training Series for Hospital Registrars for South Carolina. The SCCCR will provide this training to our hospitals at no charge.

These sessions will take the place of our Advanced Cancer Registry Training provided in 2005 and 2006. The webinars offer comprehensive web-based training, one site at a time, in 4-hour sessions.

The webinar series contains eight sessions. Each webinar includes a presentation by an instructor with an audio portion (telephone) and a visual portion (computer via internet connection). This allows for an interactive education experience. Time for questions and answers will be provided during the session.

Each webinar will address cancer data collection for a specific primary site and will include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items as required by the



American College of Surgeons Commission on Cancer. Didactic exercises will be completed and answers with rationale will be presented, as well as the question and answer session.

To Participate: Hospital registrars will travel to Columbia to the designated location for the webinars to be shown on the scheduled date each month starting October 2006 and ending September 2007 (except for November, April, July & August). The first Webinar will cover Head & Neck Cancer, to be held on October 12. The remaining dates and topics can be found on the following page.

Kathy Barnes, SCCCR Training Coordinator, will coordinate pre-registration for the sessions. Information for the first webinar was mailed out to hospitals on September 19th. Notices for Webinars 2-8 will be mailed one month prior to each one. Locations of the showing will vary in the Columbia area.

Hospital Cancer Registry Webinar # 1

Head & Neck Cancer, Thursday, October 12, 2006 (9:00am - 1:00pm)

Location: Lexington Medical Center

Course Description: This webinar will address cancer data collection for head and neck cancer, covering anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items required by the ACoS CoC.

Pre-registration is required.

Please contact Kathy Barnes to register at 803-731-1419 ext. 106. Attendees must be present by 8:45 AM in order to prepare for the start of the webinar presentation which begins promptly at 9:00 AM. Continental breakfast will be provided.



A blue ribbon goes to Lexington Medical Center Cancer Registry for hosting this event.

Special Thanks to Cathy Wendell, Jeanne Tooke & the rest of the wonderful folks at the LMC Registry.

Webinar Training Dates

<u>Date</u>	<u>Title</u>
October 12, 2006	Head & Neck Cancer
December 14, 2006	Central Nervous System Tumors
January 11, 2007	Urinary system Cancer
February 8, 2007	Lymphoma
March 6, 2007	Colon & Rectum Cancers
May 10, 2007	Prostate Cancer
June 14, 2007	Lung Cancer
September 13, 2007	Breast Cancer



Histology Coding and Multiple Primary Rules Training Workshop

The SCCCRC will provide all SC hospital cancer registrars free training on the new Histology Coding and Multiple Primary Rules being implemented with 2007 diagnosed cases. The training will be held in April 2007, as registrars are beginning to use the new rules in their own registries.

This two-to-three day workshop will cover all the new rules for determining multiple primaries and histology coding developed over the past two years by the national committee led by SEER and the College of Surgeons Commission on Cancer. All standards setters have come together to create universal rules for multiple primaries so that it ends the age-old dilemma of different sets of rules for hospitals and the state registry.

The training materials will be presented in several different formats, accommodating different learning styles of the audience. This is an innovative approach to registry training that registrars will enjoy.

The venue for the training will be the popular Columbia Conference Center. This is where the SCCCRC conducted the Basic and Advanced Registry Training earlier this year. Feedback from participants indicated everyone enjoyed this facility and its accommodations and food.

Kathy Barnes, SCCCRC Training Coordinator, has received the national Train the Trainers instruction on this topic provided by SEER and the CDC National Program of Cancer Registries (NPCR) in two separate sessions. She will be the primary instructor for this training.

As in recent trainings provided by the SCCCRC, there will be no charge to the hospitals for sending their registrars to the training. The SCCCRC will reimburse mileage, lodging, and per diem costs for attendees.

TAKE ADVANTAGE OF THIS GREAT TRAINING OPPORTUNITY!

FROM THE DIRECTOR

It has been some time since our newsletter has been produced. Thanks to Selena Summerson from the SCCCR staff for taking it on. Since we last conversed, the SCCCR has relocated to 810 Dutch Square Blvd, Suite 220, in another section of Columbia. We are happy there; more room for staff and windows! It is a very pleasant working environment which encourages productivity, right?!

We have several personnel changes to announce. Laura Willis resigned from the SCCCR in August to take a registry position at Lexington Medical Center. We were sorry to lose Laura, but so happy that she is staying in the registry field. Good CTRs are few and far between. Good luck, Laura! We also have new staff on board. Deb Hurley joined us in January 2006. She has her master's degree in Biostatistics and is working on her Ph.D. in Epidemiology at USC Arnold School of Public Health. Deb serves as our Special Projects Research Analyst. The newest member of the SCCCR is Margaret Ehlers. Margaret joined us on September 1st. She has her master's degree in Biostatistics and will serve as one of our Research Analysts.

This newsletter contains lots of important information for each of you. Especially pay attention to our 2006-2007 training announcements! The NAACCR Webinar series is a new approach to training for us. Monthly 4-hour sessions will be presented by the NAACCR Training Coordinator on site-specific topics with comprehensive coverage of the topic. Then, we all are excited about the new Histology Coding and Multiple Primary Rules, right?! That was meant to be a bit sarcastic; however, the rules really are better, and easier to follow. Kathy Barnes has been trained through the national training for trainers, and will provide this to all of you (free of charge) in April 2007. It is so important to be there for this training.

One of the most promising projects going for future data collection is the E-Path project that Selena describes. Much progress is being made with path labs in submitted reports electronically to the SCCCR. This will assure completeness of cases that might not be reportable to your hospital registries.

We want you all to become familiar with the SCAN Cancer Module. It provides cancer data to your specification at your fingertips. Please read and give it a try.

Kathy has included the Q & A section again so that we are all on the same page with our data collection questions.

Have a wonderful Fall 2006!

Ausan Belick-Aldrich

The main objective of the Electronic Pathology Reporting Project is to collaborate with all pathology laboratories in SC that diagnose cancer cases to submit reportable cancer cases to the SCCCR. The project will establish structure and consistency, while providing guidance to these facilities to use a standardized NAACCR format, to transmit data through a secure network.

The E-Path Project is an important effort because most cancers are diagnosed with positive microscopic findings documented in pathology reports. Because of this, pathology reports are the best and most complete source for cancer identification.

The SCCCR participates on the NAACCR Pathology Laboratory Subcommittee. This committee developed the NAACCR Path Lab standard protocol, detailing the format for labs to use in submitting data to central cancer registries.

The implementation of these

protocol standards is beneficial for both the reporting facility and the SCCCR, in that it improves data quality and saves times for both entities. Here at the SCCCR we are steadily bringing statewide pathology labs onboard with E-Path.

The primary step in initializing this project is formatting the data. The formats of HL-7 messaging and pipe delimited files are the two standardized formats approved by NAACCR for submission of pathology data. For most sites one of the two formats are obtainable, but for a small number of rural sites, this may pose problems. In those instances, the SCCCR works closely with those sites to achieve a feasible record layout specific for that lab.

The electronic portion of E-path, comes into play with the submission of the data. Once the format of the data from reporting facilities is approved by the SCCCR, the data can then be sent electronically through the internet via Hypersend or a password protected File Transfer Protocol (FTP).

Hypersend, the preferred choice by the registry, is a fast, reliable and secure file transfer available through the internet. Using Hypersend, data deliveries are sent in an encrypted envelope that only the intended recipient can open. The exchange of data between the sender and receiver establishes a user-authenticated and encrypted connection between PC's and the server, using SSL protocol. (For additional information on hypersend, visit www.hypersend.com).

Some SC hospitals are embracing E-Path, while others tend to not quite understand its purpose. Eventually, all pathology labs where cancer is diagnosed will become a part of these efforts, as it is our goal to recruit all hospital & independent pathology labs in the state into electronic reporting of all their cancer data.

If you would like additional information on E-path for your facility please contact: Selena Summerson, SCCCR, Electronic Data Coordinator at summersl@dhec.sc.gov

Eventually all pathology labs where cancer is diagnosed will become a part of these efforts.



SCCCR Word Search

H	T	F	O	R	D	S	M	A	N	U	A	L	D	M
Q	S	O	D	E	V	D	Y	G	H	Y	J	R	U	S
I	I	W	C	K	R	O	J	X	J	W	F	L	J	R
E	L	H	E	A	C	A	G	A	D	D	T	V	T	A
W	E	I	V	E	R	Y	R	T	S	I	G	E	R	N
S	L	S	E	R	R	C	N	T	P	E	I	L	O	I
C	B	T	H	N	E	P	I	L	S	N	P	I	W	B
C	A	O	J	I	C	E	E	N	C	I	T	A	R	E
C	T	L	G	R	I	P	S	I	O	C	G	E	T	W
R	R	O	D	P	R	F	D	F	A	M	C	E	U	H
M	O	G	L	I	Y	E	K	R	L	N	A	I	R	F
Z	P	Y	M	Q	N	E	T	P	A	E	F	L	K	K
U	E	A	W	C	U	S	K	C	L	D	K	R	S	N
X	R	K	E	W	B	Y	G	O	L	O	H	T	A	P
Y	Z	A	N	A	C	S	V	O	N	A	A	C	C	R

Search Terms

- | | |
|--------------------|-------------------|
| • ABSTRACT | • NPCR |
| • CANCER | • PATHOLOGY |
| • CARCINOMA | • REGISTRAR |
| • E-PATH | • REGISTRY REVIEW |
| • FORDS MANUAL | • REPORTABLE LIST |
| • HISTOLOGY | • SCAN |
| • INCIDENCE | • SCCCR |
| • MULTIPLE PRIMARY | • SEER |
| • NAACCR | • WEBINAR |

SCAN Cancer Incidence & Mortality

SCAN stands for South Carolina Community Assessment Network. SCAN is an interactive data retrieval system for community assessment planning and public health practices.

The SCAN Cancer Modules let researchers, students, public officials, and the general public create their own tables, charts, and maps for Primary cancer sites by demographic characteristics, cancer stage and grade, and region of the state on the internet. All the data provided on SCAN comes from the South Carolina Central Cancer Registry (SCCCR), which collects the data from hospitals, independent pathology laboratories, freestanding treatment centers, and physician offices.

Cancer data sets available through SCAN include:

Cancer Incidence Modules (1996-2002)

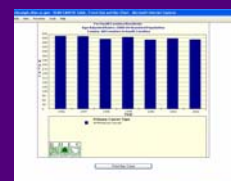
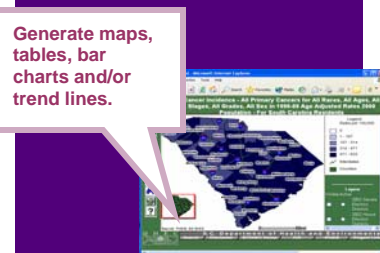
- Cancer Incidence Statistical File – contains all invasive cases of cancer that are reportable to the SCCCR; this excludes *in-situ* cancer cases, except bladder.
- Cancer Incidence Full Research File- contains both *in-situ* and invasive cases of cancer that have occurred to South Carolina residents.
- Childhood Cancer Incidence File – contains all the new cancer cases occurring among children ages 0-19; based on ICCD coding.

Cancer Mortality Module (1995-2003) - contains all the cancer related deaths that have occurred to South Carolina residents

Follow these simple and easy steps to generate your own charts or tables:

1. Go to the **SCAN** cancer module website at <http://scangis.dhec.sc.gov/scan/cancer2/>
2. And follow the **9** easy steps on the web page:

- STEP 1:** Select a row variable, the default is year at diagnosis, but you can choose from year at diagnosis, race, age at diagnosis, sex, stage, grade, region (county, zip code, or health district), or primary cancer type (breast, prostate, etc.)
- STEP 2:** Select a column variable, the default is the primary cancer type, but you can choose from year at diagnosis, race, age at diagnosis, sex, stage, grade, region (county, zip code, or health district), or primary cancer type (breast, prostate, etc.)
- STEP 3:** Select **year(s)** of interest (default: 1996-2002).
- STEP 4:** An optional step to specify a certain race, age group, sex, stage and/or grade.
- STEP 5:** Select Geographic Area of Analysis (default: Counties).
- STEP 6:** Select Regions of interest. (default: All Counties in South Carolina).
- STEP 7:** Select **Primary Cancer Type** (default: All Malignant Cancers).
- STEP 8:** Choose the type of data you want; crude rates, age-adjusted rates, and/or number of cases.
- STEP 9:** Choose how you would like to display the data; as a chart, table, and/or trend line.



REAL QUESTIONS? . . . REAL ANSWERS!

These are real questions that have been submitted to the SCCC. They were answered by three sources: April Fritz, CTR; ACoS - Inquiry & Response (I&R); or SEER SINQ.

Please send questions and answers that you find helpful to me so they may be shared with all other registrars. If you find something unclear in the manuals or codes that need further clarification, most likely others are having the same questions. Please state reference and date for any answers you provide.

Q: Behavior Code: Should the *in situ* designation be ignored on a bladder primary pathology report that states a diagnosis of "*in situ* lymphoma"?

A: Ignore the *in situ* designation. You cannot assign an *in situ* behavior code to a lymphoma primary. The term or designation of "*in situ*" is limited to solid tumors: carcinoma and/or cancer.

(References: I & R, Answer ID: 20000244 Status: Final; ICD-O-3; pg 26.)

Q: Is SEER Summary Stage 2000 (Item #759) required to be completed in lieu of CS?

A: Two answers:

1) CS replaces SEER summary stage 2000 and will not be required effective with 2004 diagnoses.

(Reference: I&R - 7/15/2004)

2) Collection of the CS data items, effective with 2004 diagnosed cases, allows the derivation of the AJCC stage, SEER summary stage 1977, and SEER summary stage 2000.

The Commission does not require the collection of the SEER 10-digit EOD information. Please discuss this with your state cancer registry or with staff at the SEER program.*

(Reference: I&R - 6/16/2005)

*SCCC does not require hospitals to code this data item.

Q: Apocrine carcinoma is not listed in ICD-O-3 but apocrine adenocarcinoma is (8401/3).

Why isn't it listed both ways?

A: In the index of ICD-O, it states "see also adenocarcinoma" on the header for Carcinoma, and "see also carcinoma" on the header for Adenocarcinoma. There is also a statement in the coding instructions in the front of the ICD-O book that states "if you can't find a term listed under carcinoma, check under adenocarcinoma" and vice versa.

This was done so that you don't have to use a wheelbarrow to carry your ICD-O book around due to double listing of terms and ending up with a 1000 page codebook.

(Reference: April Fritz - 11/24/04)

Q: Can you code the tumor size if you have the aggregate size given for two or more tumor masses?

A: For cases diagnosed 1998-2003: No. Never code the aggregate size in the Size of Primary Tumor field when the pieces removed come from TWO OR MORE tumors. If there is a clinical statement regarding the size of two or more tumors, code this field to the size of the largest tumor.

For cases diagnosed 2004 forward: The aggregate size can only be used to code the Size of Primary Tumor field when

the pathologist estimates the size of the tumor from the pieces of ONE tumor removed by the surgeon.

(Reference: SINQ, FORDS 2004, pg. 125.)

Questions with Answers can be found on these web sites:

NAACCR (North American Association of Central Cancer Registries)

www.naaccr.org/Standards/AskNAACCR

SEER (Surveillance, Epidemiology and End Results)

www.seer.cancer.gov/seerinqury

ACoS / CoC (Commission on Cancer)

www.facs.org/dept/cancer/coc/iandr

If you are reading up and trying to follow the rules in all of the manuals...you will have questions. These sources have the answers.

I encourage everyone to check them out. All inquiry systems are very user-friendly and everyone can learn lots from them. Bookmark them! It will surely make your job easier!

If you don't find an answer, submit it to the SCCC.

Kathy Barnes

barneskd@dhec.sc.gov

THE FOLLOWING ARE RECURRENCES OF THE ORIGINAL DISEASE WITHOUT TIME LIMITS:

- **Bladder primaries with morphology codes 8120 – 8130**
- **Invasive adenocarcinomas of the prostate, site code C61.9**
- **Kaposi sarcoma (9140) of any site**
- **See Appendix A of FORDS for Lymphoma & Leukemia histologies considered the same primary.**

REPORTABLE BY AGREEMENT CASES:

- **VIN, VAIN & AIN Not required by ACoS but ARE required by SCCCR.**
- **Nonanalytic classes of case...3, 4, 5, 6, 7, 8 & 9 Not required by ACoS but ARE required for SCCCR.**

Reference: FORDS Revised for 2004, pages 5 & 13

CODING DRUGS

Remember to use SEER Book 8 website for coding drug therapy!

SEER drug database (SEER RX) was released in 2005 and is a wonderful and necessary tool for all registrars. SEER Book 8 is out of print. It can be accessed electronically on the web at www.seer.cancer.gov/tools/seerrx. It and all of the SEER Self-Instructional Manuals are available on CD-ROM at no cost. You can order the CD from the SEER website,

<http://seer.cancer.gov/cgi-bin/pubs>.

Get your copies and keep them on hand . . . especially the new registrars.

All of us benefit from new information. It is all used toward a common goal ...to improve cancer control in South Carolina.

Remember that the SCCCR annual report is your data...make it work for you!

Don't forget...YOU MAKE EVERYONE COUNT!

Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Selena Summerson at summersl@dhec.sc.gov.

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